

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

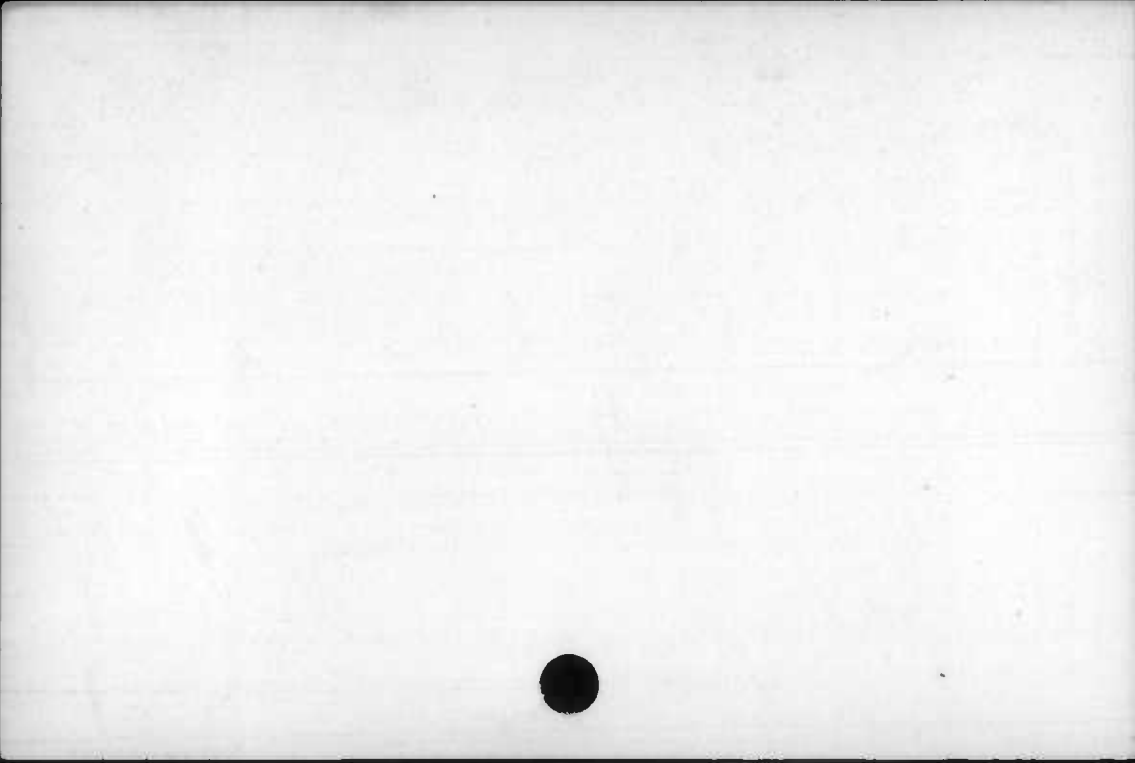
Died at <i>St. Louis</i> <i>Mutual</i> County <i>Calvert</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>22</i>	Age <i>8</i> Years <i>8</i> Months <i>8</i> Days
Sex <i>Male</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Chicago</i>	
Occupation <i>Land, Porter</i>		Where Residing if not at place of death <i>Land, Porter</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Land, Porter</i>	
Father's Name <i>J. G. Brooks</i>		Father's Birthplace <i>Illinois</i>	
Mother's Maiden Name <i>Sivann Porter</i>		Mother's Birthplace <i>Illinois</i>	
Name of person giving information <i>Land, Porter</i>		How related to deceased <i>Uncle</i>	

## CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

Primary <i>Severe Spinal Paralysis</i>	How long <i>8 years</i>
Immediate <i>Asphyxiation</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Mason</i>
	Address <i>St. Louis</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

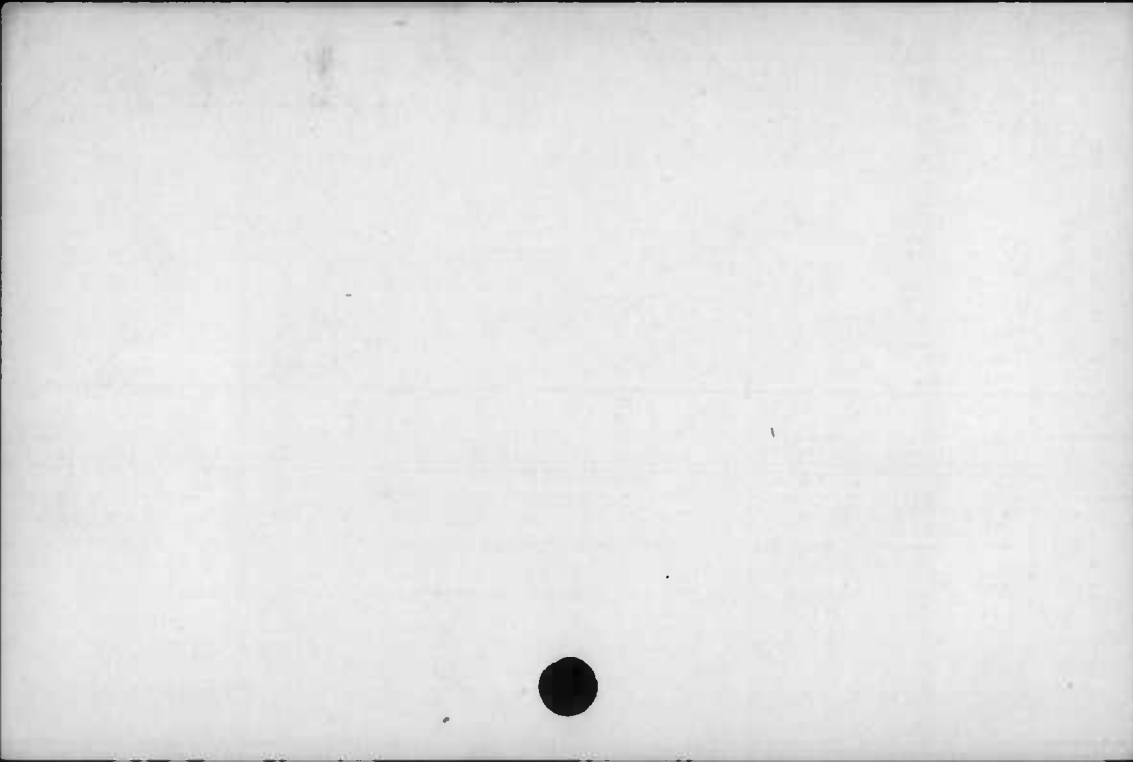
Died at <i>Willow</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	1908	Month	December	Day	13 <sup>th</sup>
Age	17	Years		Months	
Sex	Female	Color or Race	Negro	Birth-place	Willow, Md.
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Richard Broom		Father's Birthplace Willow, Md.		
Mother's Maiden Name	Mary Brady		Mother's Birthplace Plum, P. Md.		
Name of person giving information	William Jones		How related to deceased		

CAUSES OF DEATH

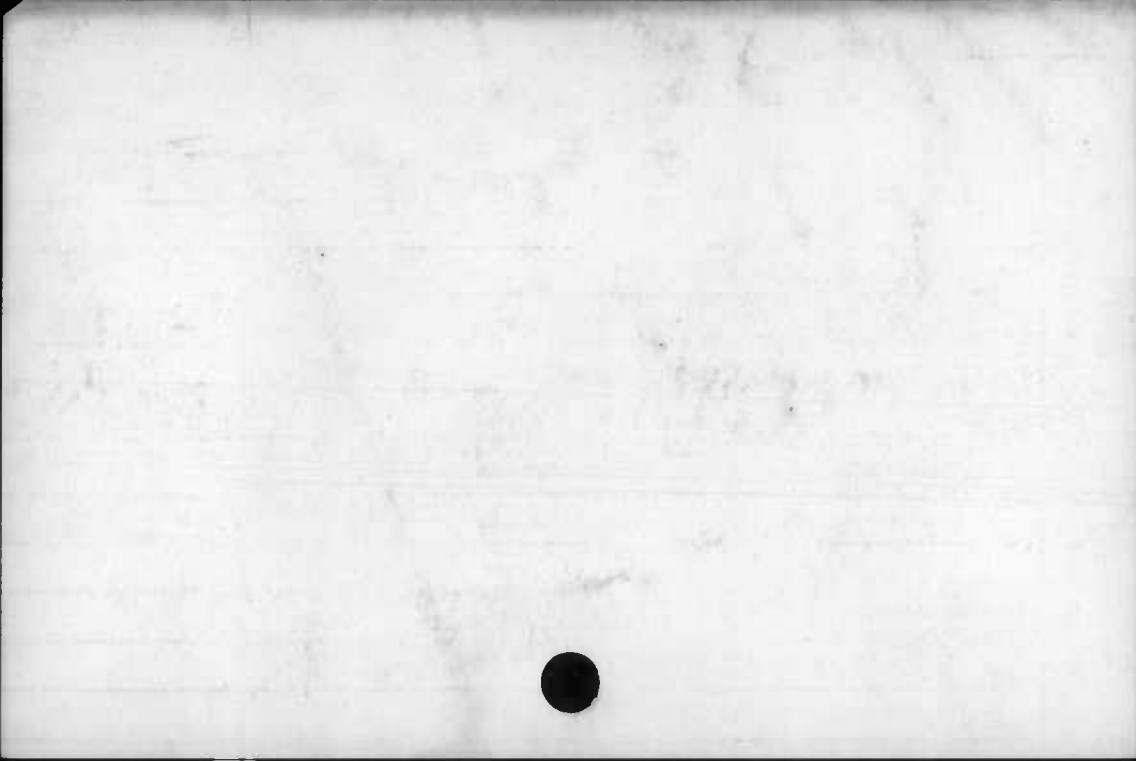
89

PHYSICIAN  
OR CORONER

Primary	<i>Enter</i>	How long	8 Years
Immediate	<i>Dyspnea</i>	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>W. H. Halbit</i>	
Address		<i>Willow, Md.</i>	
Accident or Suicide?			



Name in Full <b>Henry Frost</b>		Town <b>Calvert</b>		County <b>Calvert</b>		CERTIFICATE OF DEATH	
Died at <b>Calvert</b>		State <b>MARYLAND</b>					
Date of death <b>1908</b>		Month <b>Dec-</b>		Day <b>22</b>		Age <b>78</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Calvert Co md</b>		Months Days	
Occupation <b>Farmer</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Jane Cook</b>					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Celia Johnson</b>		Mother's Birthplace <b>Calvert Co md</b>					
Name of person giving information <b>Thomas Frost</b>		How related to deceased <b>Son</b>					
CAUSES OF DEATH							
Primary <b>Grip</b>		How long <b>about 2 weeks</b>					
Immediate <b>Prostration</b>		How long					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature Physician <b>Geo F Chambers MD</b>					
		Address <b>Lucy Calvert Co</b>					
Accident or Suicide? <b>No</b>							



Name  
in  
Full

Annie E. Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brown's Deland</u>		County <u>Calvert</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>6</u>	Age <u>73</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Calvert Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
<del>Married</del> <u>Widowed</u>	Name of Wife or Husband <u>Benny Garner</u>				
Father's Name <u>Rev. Ramsey</u>	Father's Birthplace <u>Queen of C</u>				
Mother's Maiden Name <u>Mary Slyn</u>	Mother's Birthplace <u>Calvert Co</u>				
Name of person giving information <u>George Garner</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary <u>Bronchitis</u>	How long <u>3 years</u>
Immediate <u>Complication of heart</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>(✓)</u>	Signature of Physician <u>F. R. Busch</u>
<u>[Signature]</u>	Address <u>Amth...</u>
Accident or Suicide? <u>—</u>	

W. H. C. 1000  
1000 1000 1000

1000 1000 1000  
1000 1000 1000





Name  
in  
Full

Infant Gross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

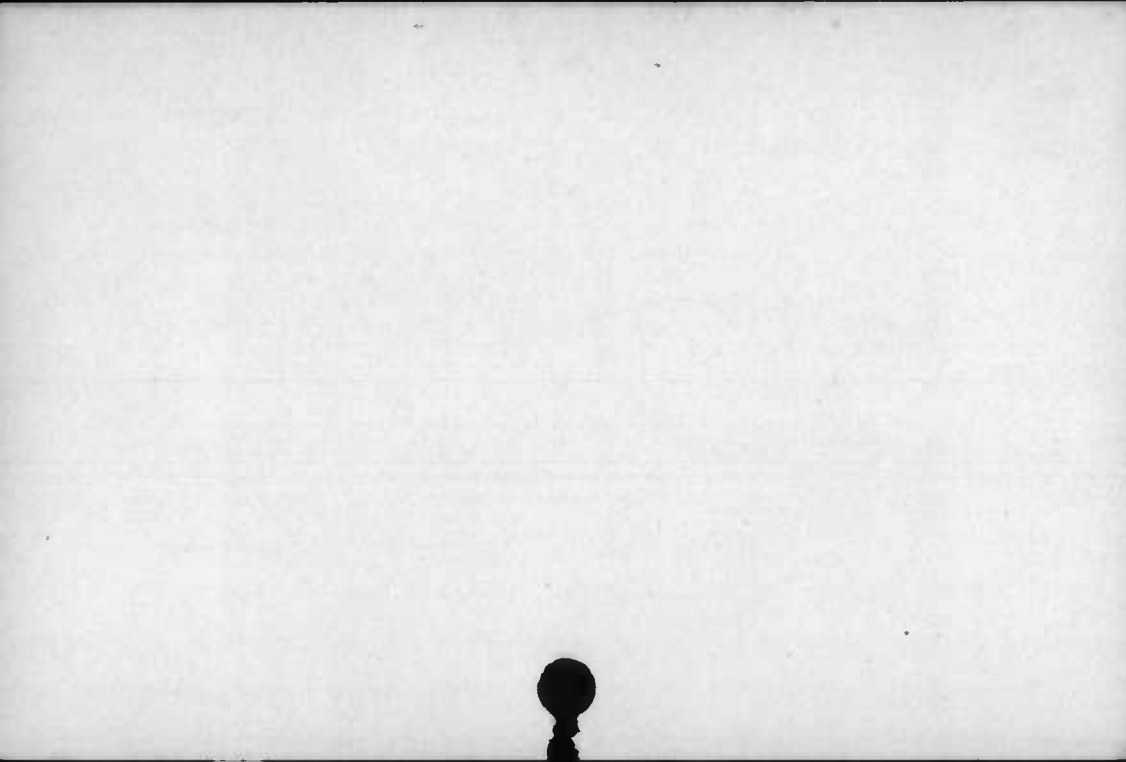
Died at <i>Adelena</i> Town <i>Adelena</i> County <i>Calvert</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>3</i>	Age <i>one hour</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>—</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Alex Gross</i>	Father's Birthplace <i>Calvert</i>		
Mother's Maiden Name <i>Aminie Smith</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Thos. Henson</i>	How related to deceased <i>wife</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Lusk</i>
	Address <i>Sub Registrar</i>
Accident or Suicide? <i>—</i>	



Name in Full		William Robert Grover				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Died at		Solomons		Calvert		
		Date of death		1908	Month	Dec	Day	15
		Age		Years		Months		
		Days						
Sex		Male		Color or Race		White		
Occupation		None		Where Residing if not at place of death		Birth-place		
Married, Single or Widowed		Single		Name of Wife or Husband		Calvert & md		
Father's Name		James R Grover		Father's Birthplace		Calvert & md		
Mother's Maiden Name		Irene Coster		Mother's Birthplace		Calvert & md		
Name of person giving information		James R Grover		How related to deceased		Father		
				CAUSES OF DEATH		(151)		
PHYSICIAN OR CORONER		Primary		Marasmus		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				Address		Lucy Calvert & md		
		Accident or Suicide?						



Name  
in  
Full

Still born Child of H Jett (Twins)

CERTIFICATE OF DEATH

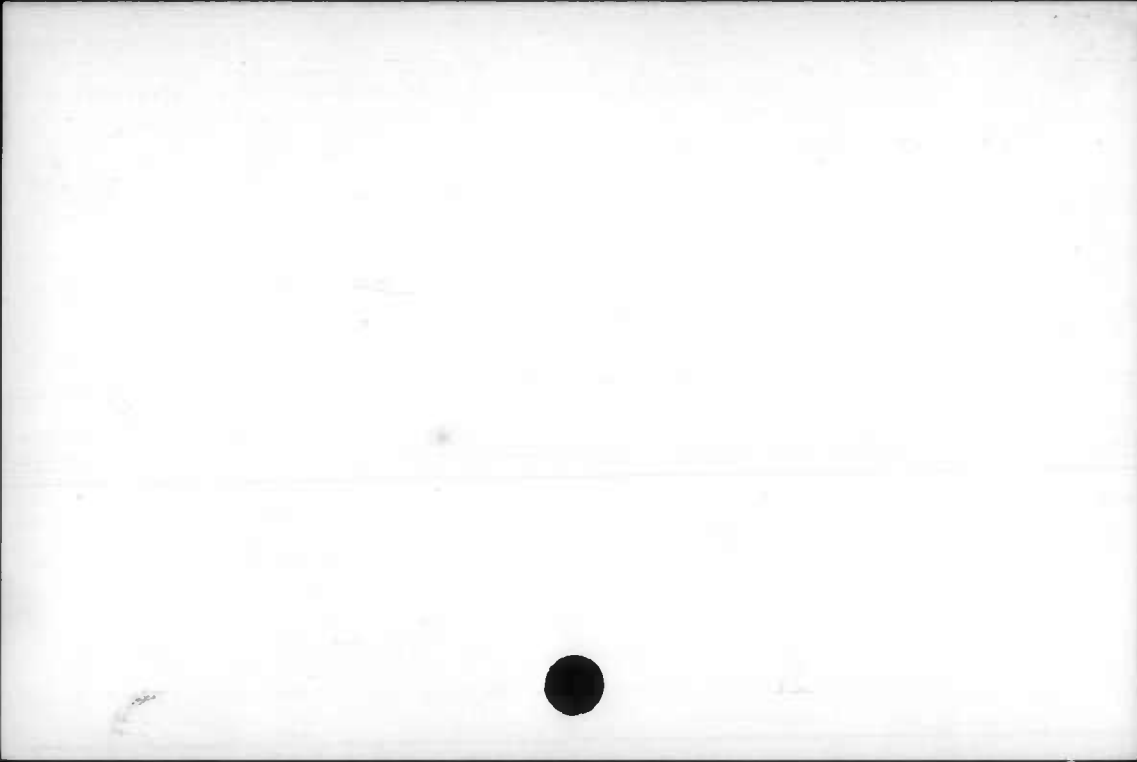
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Broomfield		County Calvert		MARYLAND	
Date of death 1908		Month Dec	Day 15	Age	Years	Months	Days
Sex Male		Color or Race white		Birth-place Broomfield			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Howard Jett				Father's Birthplace Calvert	
Mother's Maiden Name		Bertie Elliott				Mother's Birthplace Calvert	
Name of person giving Information		Mrs Jett				How related to deceased mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Unknown	How long	
Immediate	Still born	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. B. Buzar	
		Address	
		Mudall	
		no	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

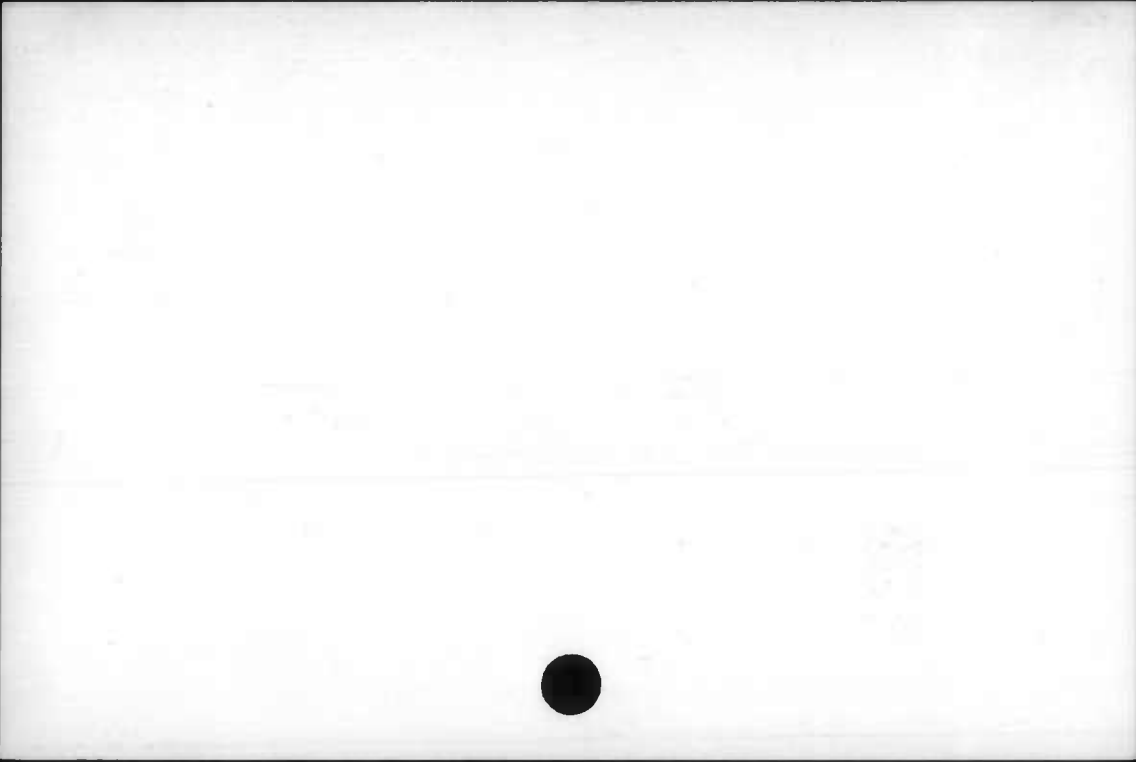
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Broom's Island</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>15</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Broom's Id.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Horvath Jett.</i>		Father's Birthplace <i>Calvert</i>			
Mother's Maiden Name <i>Bertie Elliott</i>		Mother's Birthplace <i>Calvert</i>			
Name of person giving Information <i>Mr Elliott</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long <i>—</i>
Immediate <i>Still born</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. B. Buxton</i>
<i>—</i>	Address <i>Medicine</i>
Accident or Suicide <i>—</i>	<i>W</i>





Name  
in  
Full

Amelia Chase Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Cox* TownCounty *Calvert*

MARYLAND

Date of death *1908 Dec*Day *29*

Age

Years

Months

Days *21*Sex *Female*Color or  
Race*Black*Birth-  
place*Cal. Co.*

Occupation

*None*Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*George Long*Father's  
Birthplace*Cal. Co*Mother's  
Maiden Name*Elizabeth Chase*Mother's  
Birthplace*Cal. Co*Name of person giving  
in formation*Berny Chase*How related  
to deceased*Uncle*

## CAUSES OF DEATH

Primary

*Improper Care*

How long

*151*

Immediate

*Malnutrition*

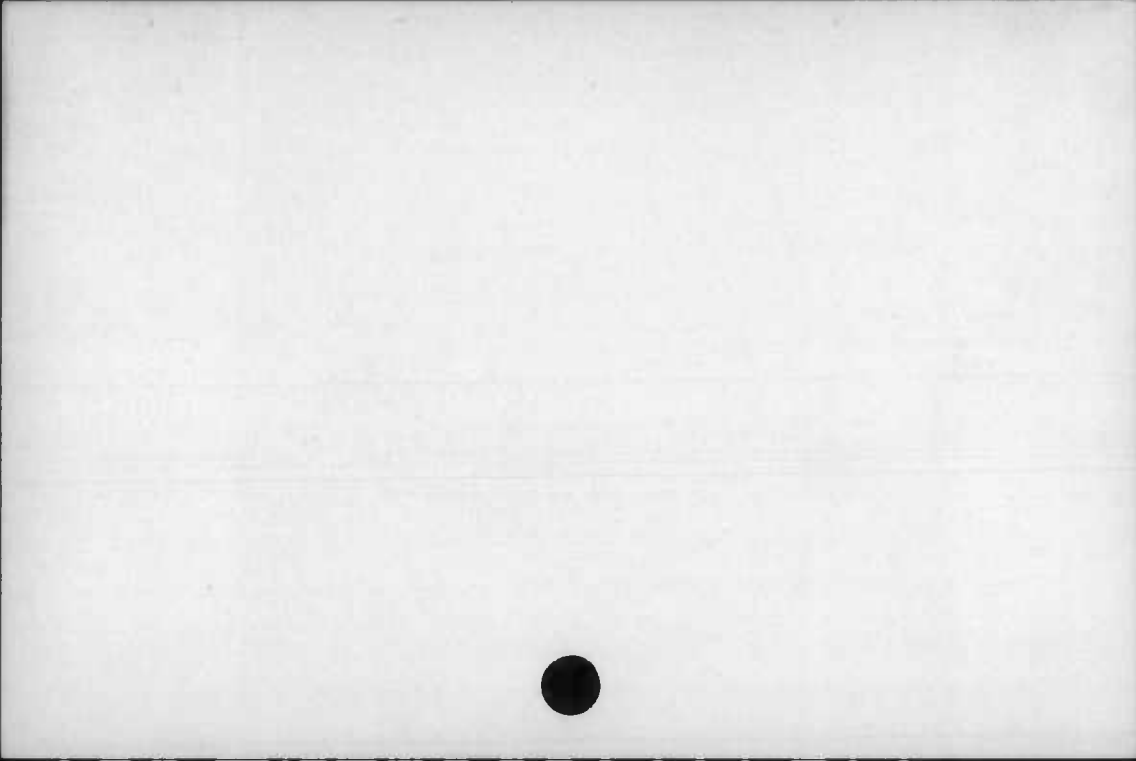
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*J. W. Litch*  
*Huntingtown*  
*md*

Accident or Suicide?



Name  
in  
Full

Frank Loscove

## CERTIFICATE OF DEATH

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NEAREST FRIEND

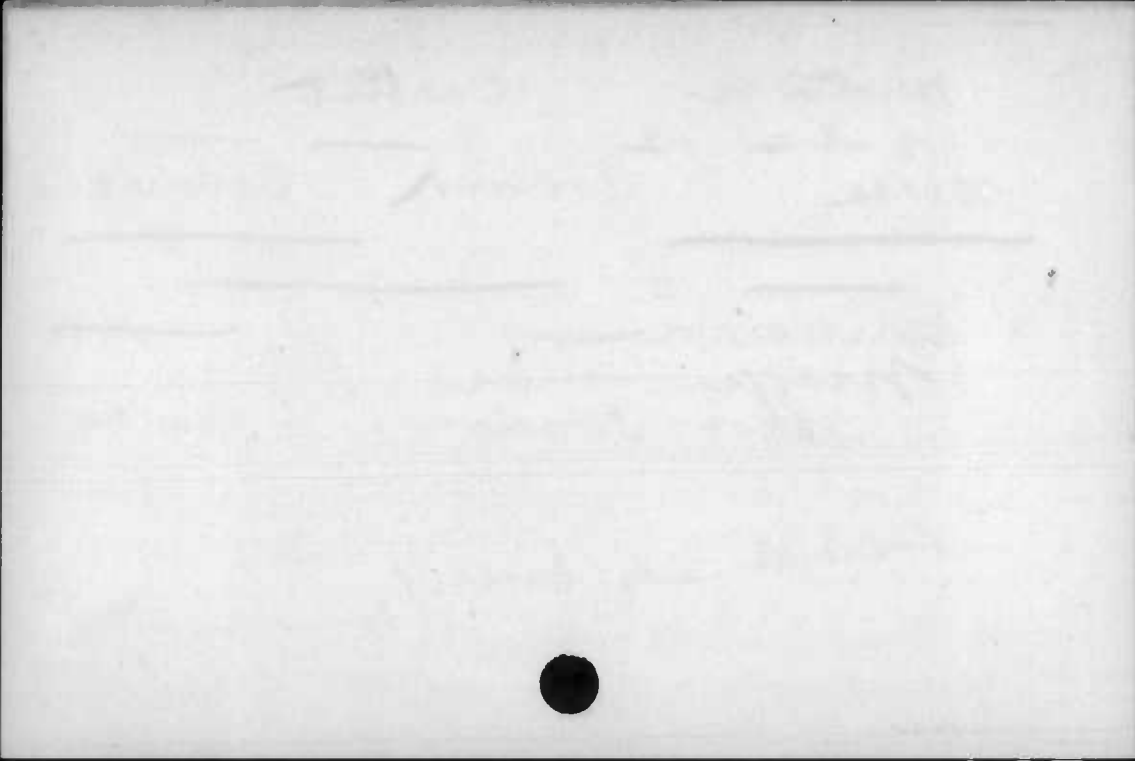
Died at		Town Sunderland		County Calvert		MARYLAND	
Date of death	1908	Month Dec	Day 27	Age 50	Years	Months	Days
Sex	male		Color or Race	white		Birth- place	Balt. City
Occupation	Farm hand			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Not known			Father's Birthplace Not known			
Mother's Maiden Name	"			Mother's Birthplace "			
Name of person giving information	Samuel Foster			How related to deceased none			

## CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary	Chronic Gastritis	How long	1 yr.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. W. Leitch	
		Address	
		Heavily Town	
Accident or Suicide?		Med	



Name  
in  
Full

Arthur Chas Sanders

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Mutual <sup>Town</sup> Calvert <sup>County</sup> **MARYLAND**Date of death 1908 Dec <sup>Month</sup> 12 <sup>Day</sup> Age 1 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>Sex Male Color or Race Colored Birth-place CalvertOccupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Unknown Father's Birthplace —Mother's Maiden Name Maggie Sanders Mother's Birthplace Calvert CoName of person giving Information Mary Sanders How related to deceased Grandmother

## CAUSES OF DEATH

167

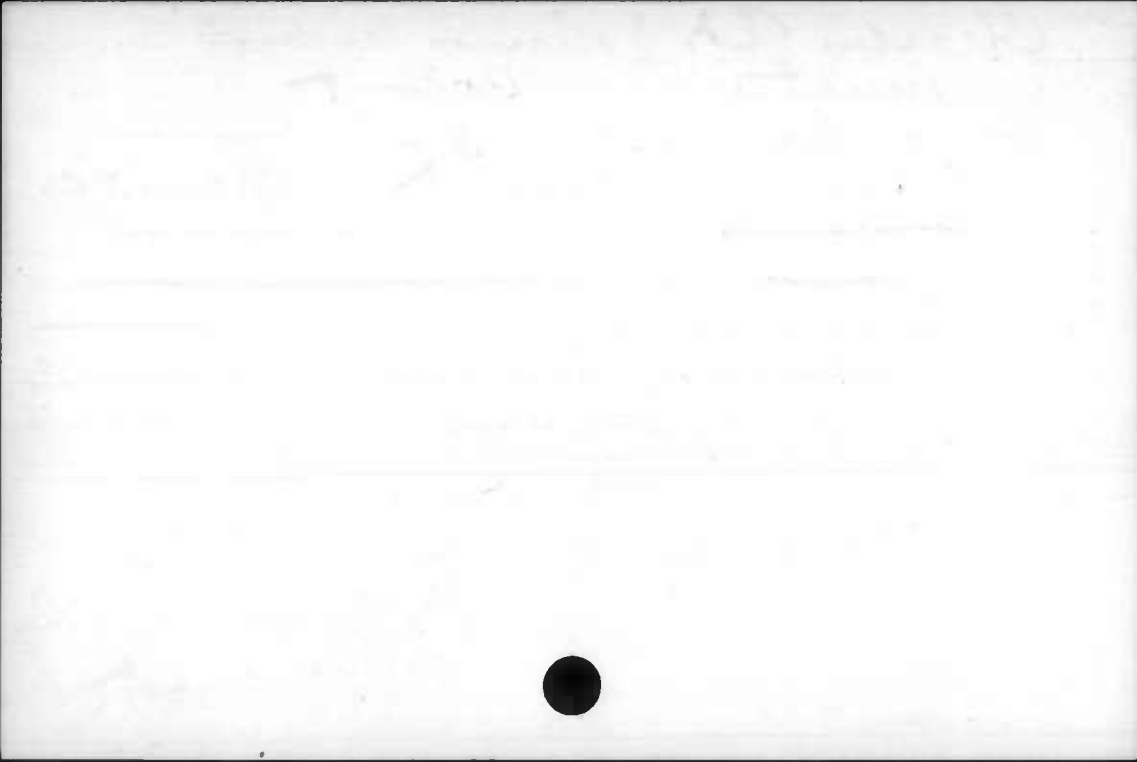
Primary accidentally - Burned by fire How long —Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mutual CalvertAccident or ~~other~~PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles A. Johnson Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Mutual <sup>Town</sup> Culvert <sup>County</sup> **MARYLAND**

Date of death 1908 <sup>Month</sup> Dec <sup>Day</sup> 12 <sup>Years</sup> 3 <sup>Months</sup> - <sup>Days</sup> -

Sex Male Color or Race Coleman Birth-place Culvert Co

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Unknown Father's Birthplace \_\_\_\_\_

Mother's Maiden Name Mary Sanders Mother's Birthplace Culvert Co

Name of person giving Information Mary Sanders How related to deceased Grandmother

CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary Accidental - Burn by fire. <sup>How long</sup> \_\_\_\_\_

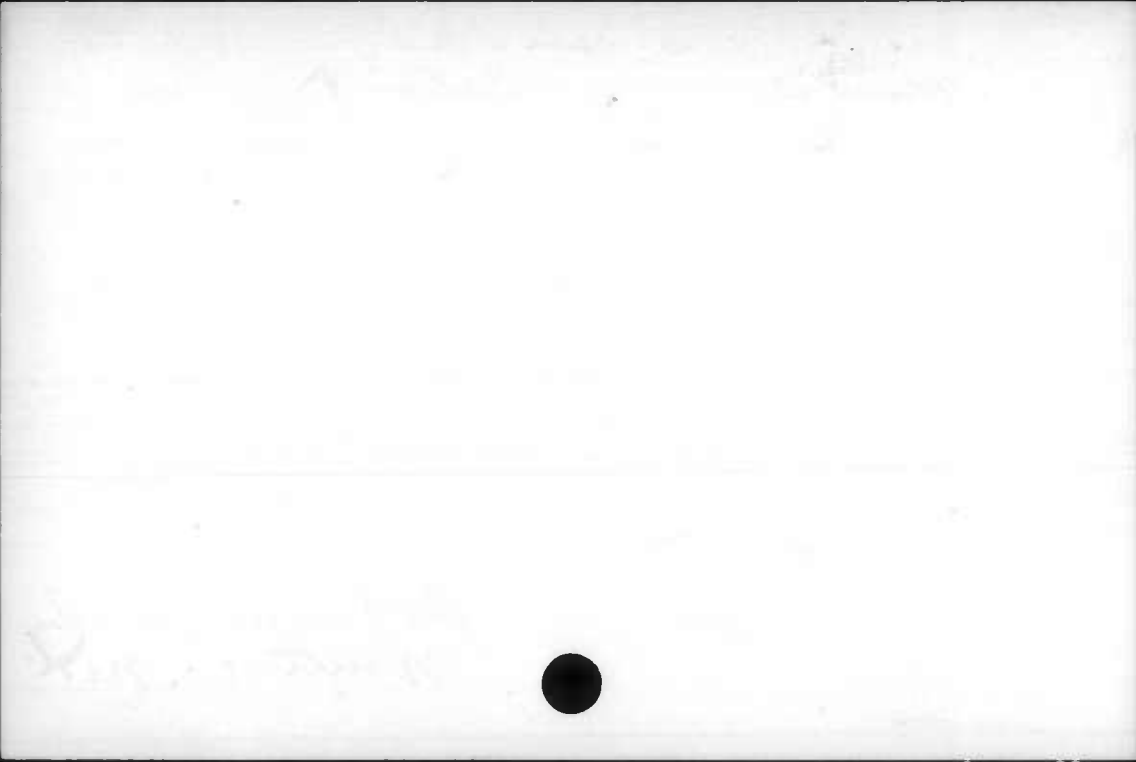
Immediate burnt. <sup>How long</sup> \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Accident, <sup>Signature of Physician</sup> P. Briscoe from Ry

\_\_\_\_\_ <sup>Address</sup> Mutual

Accident or Suicide





Name  
in  
Full

Mozilee Locks Sanders.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

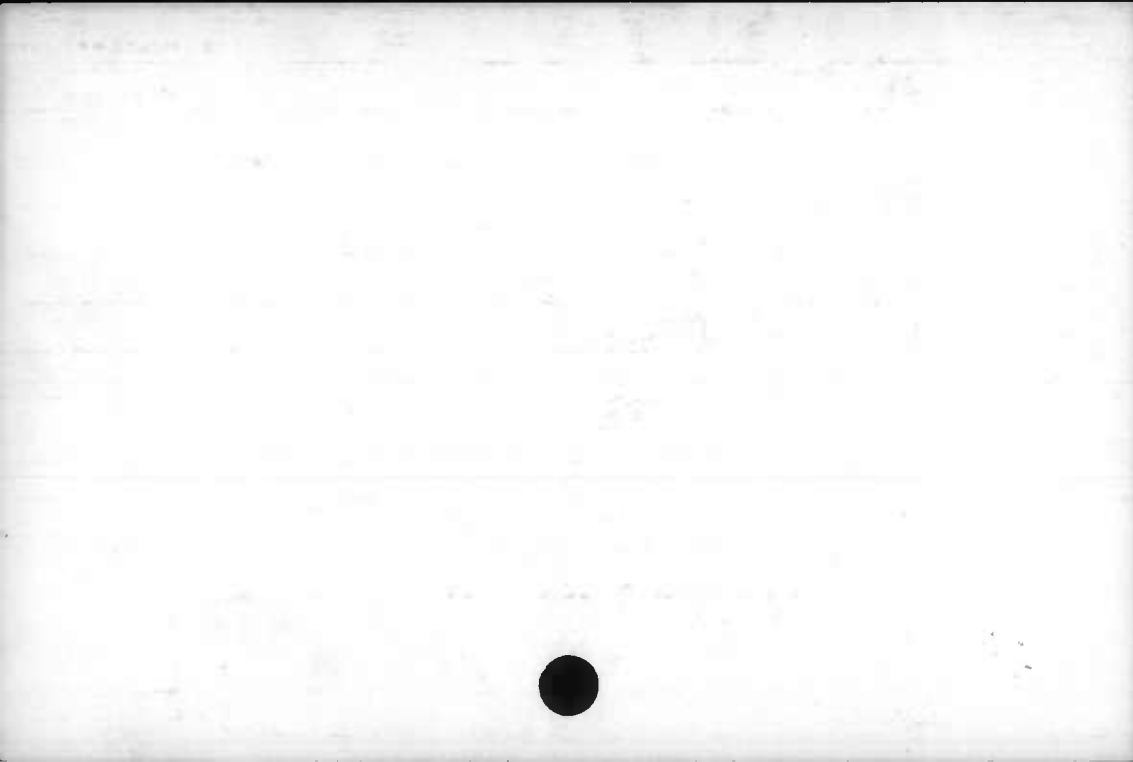
Died at <u>Mutual</u> <sup>Town</sup>		<u>Calvert</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Dec	Day	12
Age	10	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	<u>Burn by fire.</u>	How long	
Immediate	<u>Accidentally burnt</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>R. Busan</u>
		Address	<u>Mutual Md.</u>
Accident or <del>Crime</del>			



Name  
in  
Full

William Howard Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

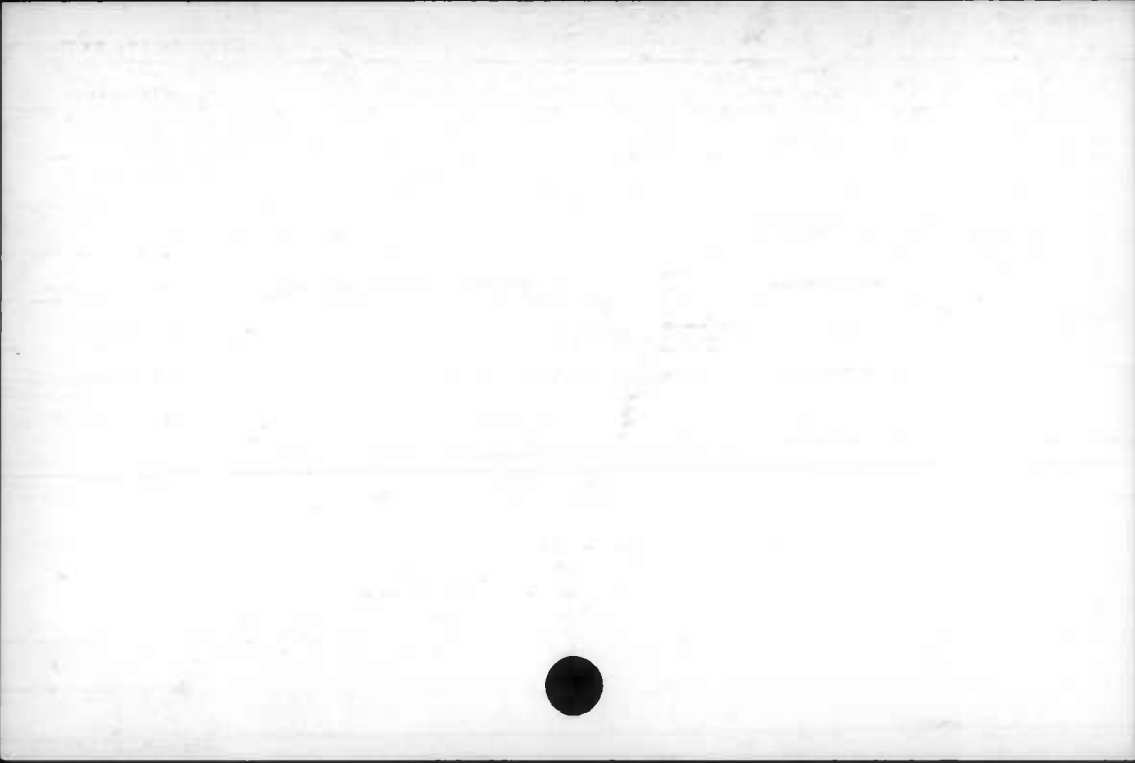
Died at <u>Mt Air</u>		County <u>Calvert</u>		MARYLAND	
Date of death	1908	Month <u>Dec</u>	Day <u>12</u>	Age <u>1</u>	Years <u>1</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Calvert Co</u>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Unknown</u>		Father's Birthplace _____			
Mother's Maiden Name <u>Mary Sanders</u>		Mother's Birthplace <u>Calvert Co.</u>			
Name of person giving Information <u>Mary Sanders</u>		How related to deceased <u>Grandmother</u>			

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	<u>Accidentally burned by fire.</u>	How long _____
Immediate	<u>Accidentally burned.</u>	How long _____
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Dr. J. C. Lane</u>
		Address <u>Mt Air Regt</u>
Accident <u>Child</u>		



Name  
in  
Full

Frank A. Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brown Island</i>		Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1908 Dec 11</i>		Month <i>Dec</i>		Day <i>11</i>		Age <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co.</i>			
Occupation <i>Fanner</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Nancy Williams</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Lidna Buck</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving information <i>Ernest Williams</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<i>Myocardia</i>	How long	<i>4 weeks</i>
Immediate	<i>Coronary</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. Brown</i>	
		Address <i>Smith</i>	
Accident or Suicide?			

